

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 213131 FILING DATE 12/13/98  
 APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	4		3			
TOTAL	23		14			
TOTAL	27		17			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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